

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Governor Schwarzenegger's California Dream Team, a ballot measure committee			Date of This Filing 09/24/2009	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818)238-9500	I.D. NUMBER (if applicable) 1261406	Report No. 092409			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Burbank	STATE CA	ZIP CODE 91506	No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/14/2009	Vaquero Energy Inc. Bakersfield, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
09/14/2009	Western Manufactured Housing Communities Assn. Issues PAC Sacramento, CA 95814 ID# 890865	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
09/17/2009	California Optometric PAC Small Contributor Committee Sacramento, CA 95814 ID# 745825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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09/17/2009	Corinthian Colleges, Inc. Santa Ana, CA 92707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS					
CITY Burbank	STATE CA	ZIP CODE 91506			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: